

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

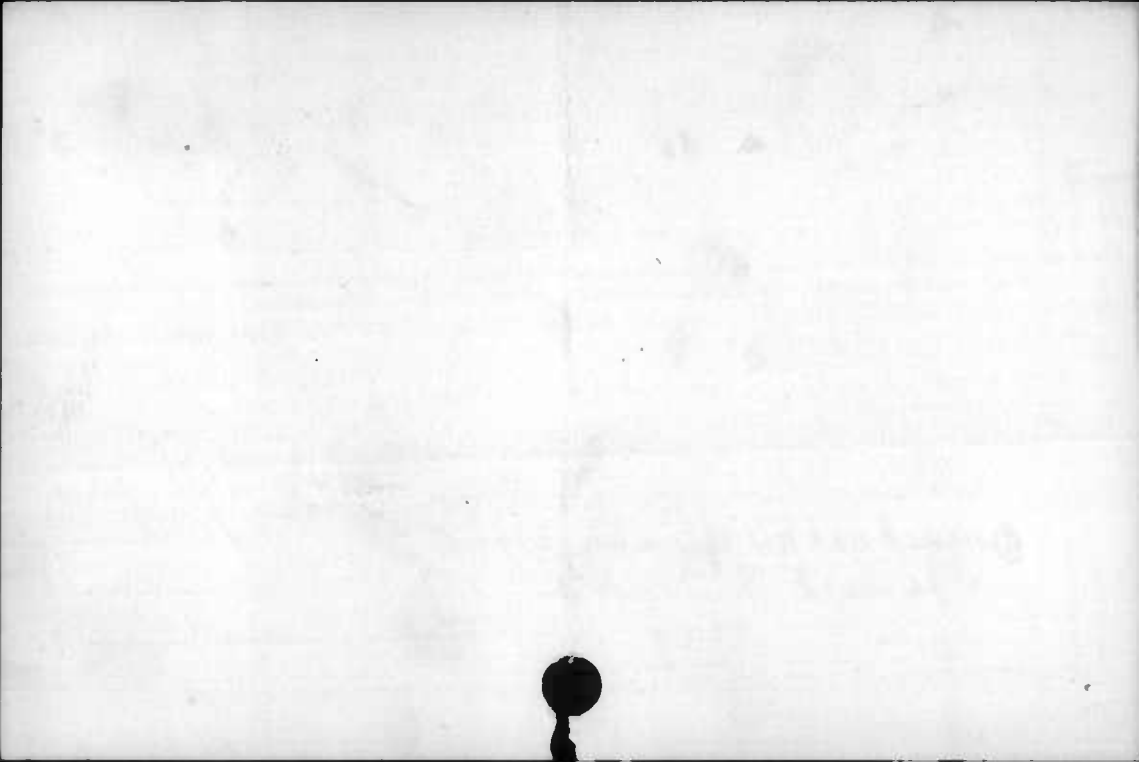
Died at <i>Pondsville</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Oct.</i>	Day	<i>19</i>
Age	<i>64</i>	Years	<i>2</i>	Months	<i>25</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pondsville Md</i>
Occupation	<i>Truck farmer</i>		Where Residing if not at place of death <i>Pondsville Md</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Ann Malinda Alsip</i>			
Father's Name	<i>Joseph Alsip</i>			Father's Birthplace	<i>Wash Co Md.</i>
Mother's Maiden Name	<i>Elisa Fowler</i>			Mother's Birthplace	<i>Wash Co. Md</i>
Name of person giving information	<i>Mary E Alsip</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis et. Valvular Lesions</i>	How long	<i>4 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Sudden while sleeping.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm A Quinn M.D.</i>
		Address	<i>Chesville Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *unmarried Child* *Baker*
Town *Hagerstown* County *Washington*
Died at
Date of death 190 *9* Month *Oct* Day *30* Age *-* Years *-* Months *-* Days *35*

MARYLAND

Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *Child* Where Residing if not at place of death *C*Married, Single or Widowed *Single* Name of Wife or Husband *C*Father's Name *Andrew A Baker* Father's Birthplace *Pa*
Mother's Maiden Name *Eddie M Kidwilder* Mother's Birthplace *W Va*
Name of person giving Information *Andrew A Baker* How related to deceased *Father*

CAUSES OF DEATH

Primary *Over dose morphine by Accident* *175* How long *10 hours*
Immediate *Heart Failure* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*S W Murrett*PHYSICIAN
OR CORONERAccident or Suicide *C*

Mr. Hoffman

Co. D. 1st Regt.
Mass. Vol.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Baker* Town *Hagerstown* County *Washington* MARYLAND
Died at *Hagerstown*
Date of death 190 *9* Month *Oct* Day *16* Age *3* Years Months Days *2*
Sex *male* Color or Race *Colored* Birth-place *Hagerstown*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *George Baker* Father's Birthplace *Myrtlesburg, W. Va.*
Mother's Maiden Name *Mary Norman* Mother's Birthplace *Hambock, Pa.*
Name of person giving Information *Mary Norman* How related to deceased *mother*

CAUSES OF DEATH

179

PHYSICIAN
OR CORNER

Primary *Myocardium* How long *3 weeks*
Immediate *Exhaustion* How long *24 hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. B. Wilson M.D.*
Address *Hagerstown Md.*
Accident or Suicide *no.*

Gift from
H. K. Coffman

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

Isaac G. Beard		Town		County		MARYLAND	
Died at Cavetown		Washington					
Date of death 1909 Oct 24		Age 80		Months 7		Days 9	
Sex male		Color or Race White		Birth-place Beards Church			
Occupation Farmer		Where Residing if not at place of death Cavetown					
Married, Single or Widowed Widower		Name of Wife or Husband Isaac G. Beard					
Father's Name George Beard		Father's Birthplace Beards Church					
Mother's Maiden Name Salome Gehr		Mother's Birthplace Hagertown					
Name of person giving Information Daniel S. Beard		How related to deceased son					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Paralysis	How long	66	two days
Immediate	Paralysis	How long		two days
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Dr. M. D. Kefauver		
Address		Smithsburg Maryland		
Accident or Suicide				

PHYSICIAN
OR CORONER

66



Name
in
Full

Mrs. Catherine Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death	1909	Month 10	Day 30	Age 88	Years	Months 8	Days 10
Sex	Female		Color or Race	White		Birth- place	Adams, Co. Pa
Occupation	House Wife		Where Residing if not at place of death		Williamsport Md		
Married, Single or Widowed	Widowed		Name of Wife or Husband		Jonas, Bell		
Father's Name	Daniel Mickley				Father's Birthplace	Adams, Co. Pa	
Mother's Maiden Name	Elizabeth, Settles				Mother's Birthplace	Don't know	
Name of person giving Information	C. D. Bell				How related to deceased	Son —	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Three weeks
Immediate	Exhaustion	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		W. S. Richardson	
No.		Address Williamsport Md	
Accident or Suicida			

J. M. Miller
Williamsport Md

Interment in
Rose Hill Cemetery
Hagerstown
Md,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Unnamed Child Blofer
Broadfording Workington

Diad at
Date of death 1909 Oct 17 Age - Months - Days -

Sex Male Color or Race white Birth-place Md

Occupation Child Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frank Blofer Father's Birthplace Md

Mother's Maiden Name Minnie Berille Mother's Birthplace Md

Name of person giving Information Frank Blofer How related to deceased Father

CAUSES OF DEATH

Primary Difficult labor. How long 8 hrs

Immediate Asphyxiation How long One hr

Are the name, age, sex, color, date and place correctly given above? Signature of Physician J. R. Langhlin

Accident or Suicide

Worcester
Massachusetts

A. H. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John P. Blyer* Town *Cearfost* County *Washington* MARYLAND

Died at *Cearfost* Date of death 190 *9* Month *Oct* Day *21* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *Ind*

Married, Single or Widowed *Married* Name of Wife or Husband *Mattie Kuepper*

Father's Name *John Blyer* Father's Birthplace *Ind*

Mother's Maiden Name *Harriett Kidenour* Mother's Birthplace *Ind*

Name of person giving Information *Mattie Blyer* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Chronic Dysentery* How long *14* *10 years*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. R. Miller

Address

*Winecent Wilson
Pa.*

Accident or Suicide

*Natural*PHYSICIAN
OR CORNER

Bygones
Broadfording

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Brookfield Washington

Date

of death

1909

Month

Feb

Day

17

Years

Age

33

Months

4

Days

23

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

C

Married, Single
or Widowed

Married

Name of Wife or
Husband

Frank Blozer

Father's
Name

J. W. Wenter

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Mummert

Mother's
Birthplace

Pa

Name of person giving
Information

Frank Blozer

How related
to deceased

Husband

CAUSES OF DEATH

Primary

childbirth

How long

8 hrs.

Immediate

Hemorrhage

How long

3 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

J. P. Laughlin
Hagerstown

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Coffman
Proved fording

A.K. Coffman.

Name
in
Full

Eliza Bridenolph

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bellvue</i>		County <i>Washington</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	26	Age	66
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>Virginia</i>
Occupation	<i>Had none</i>			Where Residing if not at place of death		<i>Charlton Md.</i>	
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		<i>William Bridenolph</i>		
Father's Name	<i>Mr. Arms</i>					Father's Birthplace	<i>Not known</i>
Mother's Maiden Name	<i>Not known</i>					Mother's Birthplace	<i>ri</i>
Name of person giving Information	<i>Ella Spidell</i>					How related to deceased	<i>Grand Daughter</i>

CAUSES OF DEATH

106 ✓

PHYSICIAN
OR CORONER

Primary	<i>Chronic Intestinal Catarrh & Nephritis</i>	How long	<i>3 years</i>
Immediate	<i>Exhaustion and Jaundice</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. M. W. [illegible]</i>
		Address	<i>Washington</i>
Accident or Suicide			

S. K. Lowman
Under taker

Name
in Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

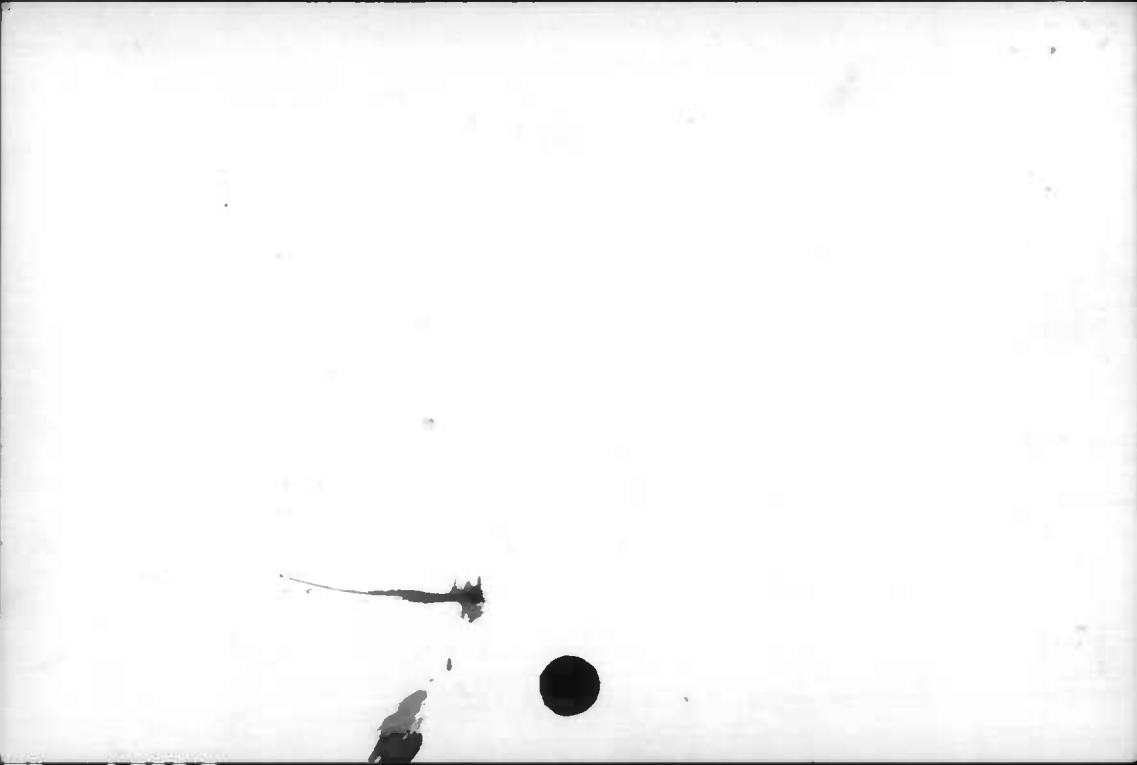
Died at <i>Brownsville</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	1909	Month	10	Day	24
Age	25	Years	6	Months	11
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Merchant		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Annie C. Phillips</i>		
Father's Name	<i>Abnerus Kobler</i>		Father's Birthplace <i>Ind</i>		
Mother's Maiden Name	<i>Sarah Hoffmeister</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving Information	<i>John W. Phillips</i>		How related to deceased <i>Bro-in-Law</i>		

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Abscess</i>	How long	<i>8 months</i>
Immediate	<i>Septic Poisoning</i>	How long	<i>6 Weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Younker</i>
Address		<i>Brownsville Maryland</i>	
Accident or Suicide			



Name
in
Full

Pat. Cook.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

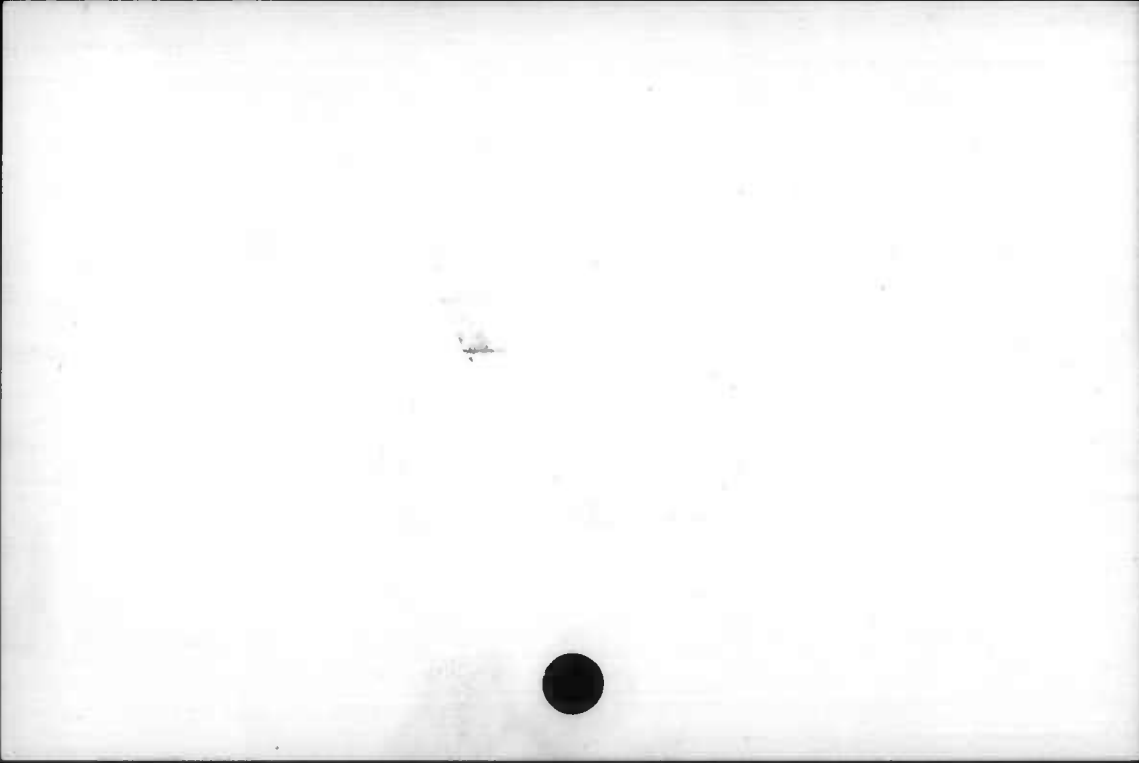
Died at Leavittown ^{Town} Hastington ^{County} MARYLAND
 Date of death 190 9 Month 10 Day 15 Age 60 Years — Months — Days —
 Sex Male Color or Race White Birth-place Dont know
 Occupation Labourer Where Residing if not at place of death Leavittown Md
~~Married~~, Single or ~~Widowed~~ Single Name of Wife or Husband Not known
 Father's Name Dont know Father's Birthplace Dont know
 Mother's Maiden Name Dont know Mother's Birthplace Dont know
 Name of person giving Information Geo. M. Bishop How related to deceased none

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary Alcoholism How long Two days
 Immediate Heart Failure How long Instant
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. M. D. Kefauver
 Address Smithsburg Maryland
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Hazel Angle Corderman* Town *Hagerstown* County *Wash*
Died at *Hagerstown* *Wash* MARYLAND
Date of death 190 *9* Month *Oct* Day *25* Age *—* Years *—* Months *6* Days *12*
Sex *female* Color or Race *white* Birth-place *md.*
Occupation *—* Where Residing if not at place of death *—*
Married, Single or Widowed *single* Name of Wife or Husband *—*
Father's Name *Oscar M. Corderman* Father's Birthplace *md*
Mother's Maiden Name *Bessie E. Ecker* Mother's Birthplace *"*
Name of person giving Information *O M Corderman* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia - Broncho -* How long *2 days.*
Immediate *Toxemia* How long *" "*
Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *V. Chin Smith*
Address *Hagerstown md*
Accident or Suicide *no*

PHYSICIAN
OR CORNER

L.M. Suter The Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Elizabeth Crawford</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Oct</i>		Day <i>10th</i>		Years <i>32</i>	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>10th</i>		Age <i>32</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Chesapeake</i>		Months <i>7</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death		Days <i>6</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Fredrick Crawford</i>		Father's Birthplace <i>Chesapeake Md</i>			
Father's Name <i>Adam Watts</i>		Mother's Maiden Name <i>Nutella Watts</i>		Mother's Birthplace <i>Chesapeake Md</i>			
Name of person giving Information <i>Mary Ardelle Watts</i>		How related to deceased <i>daughter</i>		74			

CAUSES OF DEATH

Primary	<i>Gross Sabin's Laryngeal</i>	How long	<i>6 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. B. Wilson</i>
		Address	<i>Hagerstown</i>
Accident or Suicide	<i>no</i>		<i>med.</i>

PHYSICIAN
OR CORNER

Letter on
the
A. K. Coffman

Name
in
Full

David Hamilton Delater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Shopper Farm ^{County} Washington, ^{State} MARYLAND

Date of death 1909 ^{Month} Oct, ^{Day} 18 ^{Age} 60 ^{Years} ^{Months} ^{Days} 27

Sex Male - Color or Race White Birth-place ² New Ellenton
Frederick Co

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Lusa Catharine Hoover

Father's Name David Delater Father's Birthplace Frederick Co

Mother's Maiden Name Emaline Towrey Mother's Birthplace " "

Name of person giving Information Mrs Catharine Delater How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary Cause of Stomach

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician W. Richardson
Address Williamsport

Accident or Suicide No.

Interment at Crossnicks Church
in grave yard adjoining.

In Frederick County Md,
October 20th 1909.

By J. F. Kreps. Undertaker.
of Williamsport Maryland,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Jag. Alice Evans*
Town *Williamport*County *Washington*

MARYLAND

Date

of death

1909

Month

Oct

Day

3

Age

Years

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*4*
7
Williamport

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wm E. Evans*Father's
Birthplace*Bethlehem*Mother's
Maiden Name*Evans Lena Hull*Mother's
Birthplace*Williamport*Name of person giving
Information*W. E. Evans*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Spasms

How long

Two days

Immediate

Exhaustion

How long

*Two hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

W. S. Richardson
Williamport

Accident or Suicide

*No.*PHYSICIAN
OR CORNER

Interred by J. F. Kreps,
Undertaker in
Riverside Cemetery
Williamport, Md.
October 4th 1909.

Name
in
Full

CERTIFICATE OF DEATH

John S Glick

Town

County

MARYLAND

Died at Hagerstown

Washington

Date

of death

1909 Oct 8

Day

Age

Years

Months

Days

39

3

11

Sex

Male

Color or
Race

White

Birth-
place

Na

Occupation

Munster

Where Residing if not
at place of death

C

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary E Barnhart

Father's
Name

John Glick

Father's
Birthplace

Na

Mother's
Maiden Name

Elizabeth Wrand

Mother's
Birthplace

Na

Name of person giving
Information

Mary E Glick

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Acute Indigestion

How long

16 hrs

Immediate

Heart failure

How long

2 hrs.

Are the name, age, sex, color, data
and place correctly given above?

Signature of
Physician

Address

R. E. Glick
Hagerstown
Md

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

Coffman

Bridgewater Nae

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H Gray
Died at *Antietam* ^{Town} *Washington* ^{County} **MARYLAND**
Date of death 190 *9* ^{Month} *10* ^{Day} *14* Age *69* ^{Years} *8* ^{Months} *9* ^{Days}
Sex *Male* Color or Race *White* Birth-place *Antietam*
Occupation *Laborer* Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband *Mary A Gray*
Father's Name *John H Gray* Father's Birthplace *Pa*
Mother's Maiden Name *Nancy Groome* Mother's Birthplace *Pa*
Name of person giving Information *Mary A Gray* How related to deceased *Wife*

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary *Cause of force* How long *Several years*
Immediate *Exhaustion* How long _____

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

S. Howell Gardner

Address

Sharpsburg Md

Accident or Suicide

L E Sumner & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Delilah Hammond* Town *near Mandel* County *Washington*
Died at *near Mandel* Maryland
Date of death 1909 Month *Oct* Day *31* Age *80* Months *24* Days *24*
Sex *Female* Color or Race *White* Birth-place *md*
Occupation *House Wife* Where Residing if not at place of death _____
Married, Single or Widowed *Widowed* Name of Wife or Husband *Josiah Hammond*
Father's Name *Josiah Hammond* Father's Birthplace *md*
Mother's Maiden Name *Sophia Poffenberger* Mother's Birthplace *md*
Name of person giving Information *Chas. Hammond* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Cardiac Dilatation* How long *4 years*
Immediate *Acute ^{cardiac} Dilatation* How long *36 hours*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *W. M. Reichard* Address *Fair Play*
~~to Mr. Reichard~~



Name
in
Full

Kattie E. Hart.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Big Pool Md.		County Washington Co		MARYLAND	
Date of death 190 9	Month Oct	Day 26	Age 25	Months —	Days 7
Sex Female	Color or Race white	Birth-place Indiansprng			
Occupation House Wife		Where Residing if not at place of death Ind.			
Married, Single or Widowed Married	Name of Wife or Husband Daniel W Hart.				
Father's Name William Furry	Father's Birthplace Sylvan Pa				
Mother's Maiden Name Bettie Hull	Mother's Birthplace Indian Springs				
Name of person giving Information James O Hart.		How related to deceased Brother in law			

CAUSES OF DEATH

Primary **Typhoid Fever** How long **5 weeks**

Immediate **Perforation of Bowel** How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. O. Perry
Clearspring
Md

Accident or Suicide

PHYSICIAN
OR CORONER

Borned

Oct 19 - 1884 Dyed Oct 26 - 1909

Age. 25 years. 7 day's.

Sick 5 week's

Name
in
Full

George W Hicks

CERTIFICATE OF DEATH

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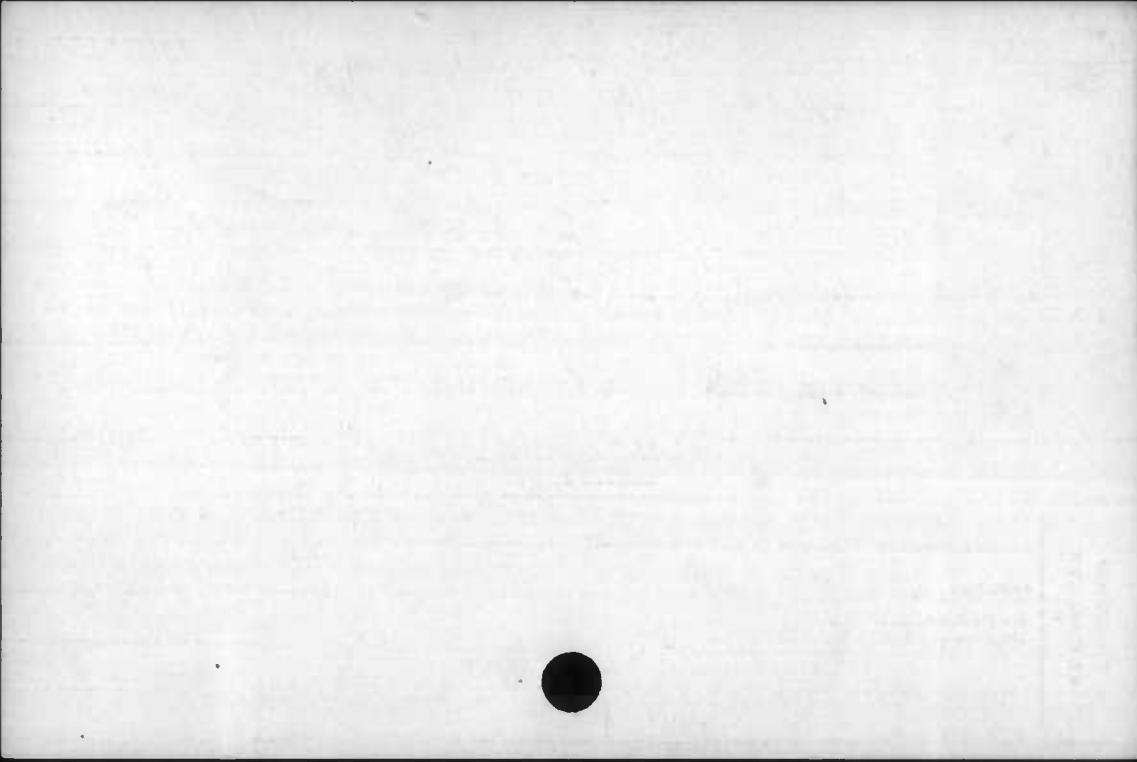
Died at		Brookfield Washington		County		TOWNSHIP MARYLAND	
Date of death	1909	Month	Oct	Day	3	Age	75
Sex	Male	Color or Race	White	Birthplace	Tluc.		
Occupation	School Teacher		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband Elizabeth Metcal				
Father's Name	Geo Hicks		Father's Birthplace Penn.				
Mother's Maiden Name	Elizabeth Troutman		Mother's Birthplace Penn.				
Name of person giving information	S. M. Hicks		How related to deceased Nephew				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arteriosclerosis		How long	2 1/2
Immediate	Cerebral Hemorrhage		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		D. R. Miller M.D.		
Address		Macon Tluc.		
Accident or Suicidal?		No		



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

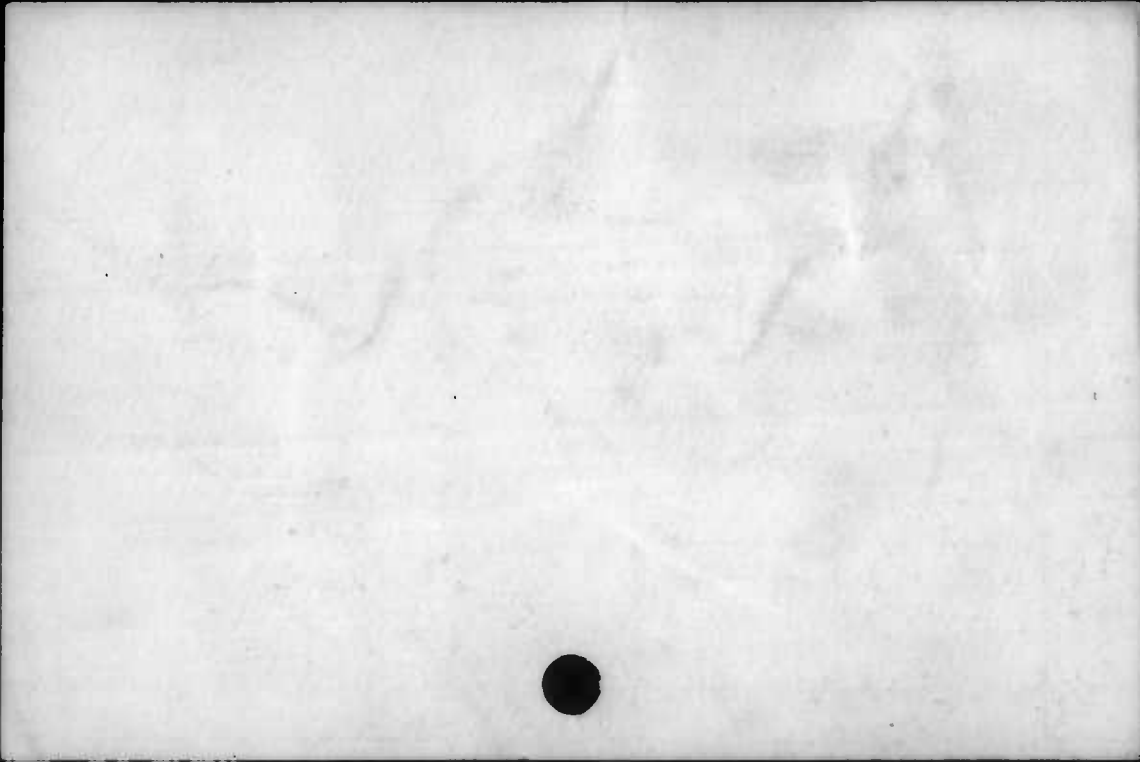
Died at <u>Sanborn</u> <u>Town</u>		<u>Holmes</u> <u>County</u>		<u>MARYLAND</u>	
Date of death <u>1909</u>	<u>10</u> <u>Month</u>	<u>20</u> <u>Day</u>	<u>58</u> <u>Years</u>	<u>6</u> <u>Months</u>	<u>8</u> <u>Days</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>WVa</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>_____</u>				
Married, <u>Single</u> or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Holmes</u>				
Father's Name <u>Nelson James</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Margaret Gagle</u>	Mother's Birthplace <u>WVa</u>				
Name of person giving information <u>Dr. Stahler</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	How long <u>1 year</u>
Immediate <u>Asthma & Heart trouble</u>	How long <u>6 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. R. Perry M.D.</u>
	Address <u>Hallsville W. Va.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Elizabeth Josephine Huddy
Town *Williamsport.* County *Washington*
 Died at *Williamsport.* *Washington* **MARYLAND**
 Date of death *1909* Month *Oct.* Day *16* Years *23* Months *—* Days *6*
 Sex *Female* Color or Race *White.* Birth-place *Ireland*
 Occupation *Housekeeper* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *John E. Huddy*
 Father's Name *Christopher Travers* Father's Birthplace *Ireland*
 Mother's Maiden Name *Elizabeth McElhann* Mother's Birthplace *Ireland*
 Name of person giving Information *John E. Huddy* How related to deceased *Husband*

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary *Septicemia Puerperal* How long *1 day*
 Immediate *Edema of lung with hiccups* How long *4 hours*
 Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *Dr. Richardson*
 Address *Williamsport*
 Accident or Suicide *No.*

Body placed in Vault
in Hiverview Cemetery
at Williamsport Maryland.
October 18th 1909. By J. F. Neeps.

Undertaker.

Name
in
Full

Elisabeth Josephine Hudely.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Williamsport.* ^{County} *Washington* **MARYLAND**
 Date of death ^{Month} *October* ^{Day} *16* ^{Years} *23* ^{Months} *6* ^{Days}
 Sex *Female* Color or Race *White* Birth-place
 Occupation *Housekeeper.* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband
 Father's Name Father's Birthplace
 Mother's Maiden Name Mother's Birthplace
 Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *The body above referred to was placed in a vault, &* How long
 Immediate *removed therefrom and interred May 24th 1910. in* How long
 Are the name, age, sex, color, date and place correctly given above? *Correct* Signature of Physician *J. C. Herrshberger*
Washington Co. Md. Address *Sub Registrar*
Local board of health
 Accident or Suicide

Williamsport. Mo. May 24th 1910.
Removed from Vault and interred
in River View Cemetery by J. H. Kreps.
Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Otto James Hutzel
County *Washington* MARYLAND
Died at *Pittsboro*
Date of death 190 *9* Oct *27* Age *65*
Sex *Male* Color or Race *white* Birth-place *Maryland*
Occupation *Laborer* Where Residing if not at place of death _____

~~Married, Single~~
~~or Widowed~~

*single*Name of Wife or
Husband _____Father's
Name*Lewis Hutzel*Father's
Birthplace*Ind*Mother's
Maiden Name*Catharine Shraeder*Mother's
Birthplace*Ind*Name of person giving
Information*Nancy Hutzel*How related
to deceased*sister*

CAUSES OF DEATH

Primary

Fatal Regurgitation Heart

How long

18 months

Immediate

Dropsy

How long

*3 months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. Hubert Yade, M.D.
Broomhoo. Ind.*

Accident or Suicide

*No.*PHYSICIAN
OR CORONER

Brinnig + Bast
(undertaken)

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Selfie Elizabeth Enochle*
Town *Hagerstown* County *Washington*

Date of death 190*9* Month *10* Day *30* Age *56* Years Months *10* Days *9*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs H Enochle*

Father's Name *O. H. Wagner* Father's Birthplace *Don't know*

Mother's Maiden Name *Margaret Gearhardt* Mother's Birthplace *Md*

Name of person giving Information *Mrs H Enochle* How related to deceased *Husband*

CAUSES OF DEATH

120

Primary *Bright's Disease* How long *one year*

Immediate *Uremic Coma* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *- Yes* Signature of Physician *A. D. Campbell M.D.*
Address *Hagerstown Md*

Accident or Suicide *-*

PHYSICIAN
OR CORNER

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

190

9

Month

10

Day

15

Age

34

Years

34

Months

8

Days

6

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Pipe-maker

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Louise F. Kotal

Father's
Name

J Frank Kotal

Father's
Birthplace

Germany

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Germany

Name of person giving
Information

Mrs Louise F. Kotal

How related
to deceased

wife

CAUSES OF DEATH

Primary

Tuberculosis & Nephritis

How long

6 yrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. P. Miller
Hagerstown
Md

Accident or Suicide

PHYSICIAN
OR CORNER

L.M. ~~Kakkal~~
Suter son

Name
in
Full

Mary A Leslie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Troy

Town

Washington

County

State

Date

of death

1909 10

Month

Day

4

Age

Years

71

Months

Days

4

Sex

Female

Color or
Race

White

Birth-
place

Kohrsville

Occupation

Nurse

Where Residing if not
at place of death

~~Married, Single~~
or Widowed

Name of Wife or
Husband

John Leslie

Father's
Name

Josiah Buck

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Magdalene Kefauver

Mother's
Birthplace

Don't Know

Name of person giving
Information

Estella Clipp

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Acute Gastritis

How long

1 week

Immediate

Toxic Infection

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Richard H. Rice MD

Address

Keelyville
Md

Accident or Suicide

PHYSICIAN
OR CORONER

L E Sumner & Son

Name
in
Full

Mary Effie Lomoyne McCordell

CERTIFICATE OF DEATH

Died at ^{Town} Williamsport ^{County} Washington MARYLAND

Date of death 1909 Month Oct Day 20 Age 2 Months 9 Days

Sex Female Color or Race White Birth-place Williamsport.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Roland Eugene McCordell Father's Birthplace Williamsport

Mother's Maiden Name Effie Rachael King. Mother's Birthplace 71

Name of person giving Information R.E. McCordell How related to deceased Father

CAUSES OF DEATH

Primary Acute Laryngitis. How long 26 hours

Immediate Asphyxiation How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Ernest H. Fairley
Address Williamsport.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment in Riverview Cemetery
at Williamsport. Md. Oct 22nd 1904.
By J. F. Kreps, Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

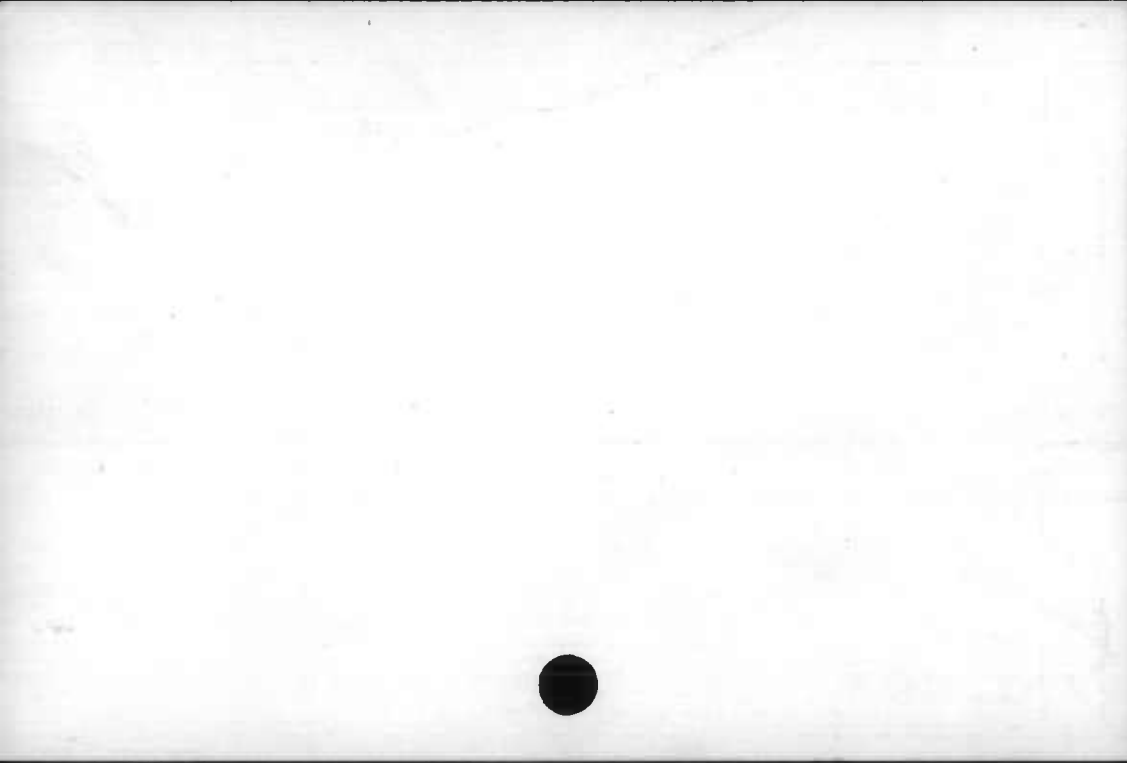
Name in Full <i>John R. McDuell</i>		Town <i>Herenton</i>		County <i>Washington</i>		MARYLAND.	
Died at <i>Herenton</i>		<i>Washington</i>					
Date of death	190 <i>9</i>	Month <i>10</i>	Day <i>29</i>	Age <i>72</i>	Years <i>3</i>	Months <i>27</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>M.d</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Miller</i>						
Father's Name <i>Robert McDuell</i>	Father's Birthplace <i>Sligo Ireland</i>						
Mother's Maiden Name <i>Julia Staley</i>	Mother's Birthplace <i>M.d</i>						
Name of person giving Information <i>E.L. Yountee</i>				How related to deceased <i>Neighbor</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthma</i>	How long <i>For years</i>
Immediate <i>Heart Failure</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. I. Yountee</i>
	Address <i>Brownsville Maryland</i>
Accident or Suicide <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

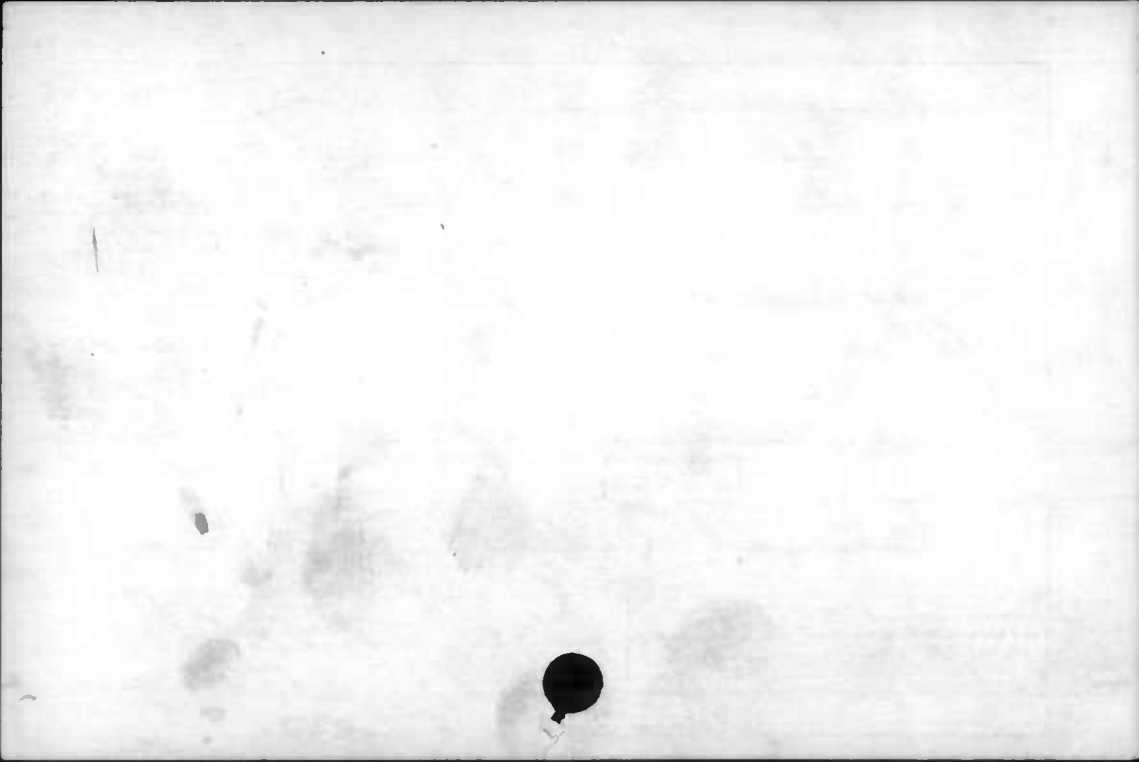
Died at <i>near Litchsburg</i>		County <i>Harbington</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>10</i>	Day <i>7</i>	Age <i>78</i>	Months <i>-</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fred. Co. Md.</i>	
Occupation <i>Farmer.</i>		Where Residing if not at place of death <i>near Litchsburg</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Lettie Martin</i>			
Father's Name <i>Emanuel Martin</i>		Father's Birthplace <i>Fred. Co. Md.</i>			
Mother's Maiden Name <i>Annie Doyle</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving Information <i>Alice Newcomer</i>		How related to deceased <i>Daughter</i>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<i>Thrown or fell from horse</i>	How long	<i>July 8, 1909.</i>
	<i>Injury to brain.</i>	How long	<i>Sept 1, 1909.</i>
Immediate	<i>Cerebral hemorrhage</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J.D. Hoover, M.D.</i>	
		Address <i>Waynesboro, Pa.</i>	
Accident or Suicide <i>Accident</i>			

166



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Abraham Maugans
Town County

Died at Maugansville Wash

MARYLAND

Date of death 1909 10 15 Age 81 9 7
Month Day Years Months Days

Sex male Color or Race white Birth-place Md.

Occupation Undertaker Where Residing if not at place of death

Married, Single or Widowed widower Name of Wife Mary Light Maugans

Father's Name Abraham Maugans Father's Birthplace Md.

Mother's Maiden Name Not Known Mother's Birthplace Unknown

Name of person giving Information Newton Maugans How related to deceased son

CAUSES OF DEATH

Primary General Debility

Immediate " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide No

D C R Miller
State Line
Md.

L. M. Smithson

Bradford

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Maysilles
Town County
Died at *Burwola Washington* MARYLAND
Date of death 190 *9* Oct Month Day Years Age *72* Months Days
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *Pattern Maker* Where Residing if not at place of death
Married, ~~Single~~ *Married* Name of Wife or Husband *Altha Maysilles*
Father's Name *Samuel Maysilles* Father's Birthplace *Ind*
Mother's Maiden Name *Barbara Rice* Mother's Birthplace *Ind*
Name of person giving Information *Altha Maysilles* How related to deceased *wife*

CAUSES OF DEATH

Primary *Carcinoma of Sigmoid* How long *1 Year*
Immediate *Exhaustion* How long *4 weeks*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Madagame*
Address *Hagerstown, Md.*
Accident or Suicide *No,*

PHYSICIAN
OR CORONER

Brining & Bast,
Cigar makers,
Boonsboro,
Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Hubert Perry Moore* Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death 1909 Month *10* Day *28* Age *8* Years Months *9* Days *10*
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Wm M. Moore* Father's Birthplace *Md*
Mother's Maiden Name *Sarah E. Arnold* Mother's Birthplace *Md*
Name of person giving Information *Wm Moore* How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid fever* How long *2 wks*
Immediate *Pulmonary edema* How long *One day*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. D. Laughlin*
Address *Hagerstown*

PHYSICIAN
OR CORNER

Accident or Suicide

L. M. Watkins

Name
in
Full

Naomi Cathi Muck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Smethelown ^{County} Wash. MARYLAND

Date of death 1909 ^{Month} Oct. ^{Day} 30 Age ^{Years} 8 weeks ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Smethelown

Occupation none Where Residing if not at place of death Smethelown

Married, Single or Widowed Name of Wife or Husband

Father's Name David Muck Father's Birthplace Wash. Co

Mother's Maiden Name Mary E. Lizer Mother's Birthplace " "

Name of person giving Information Daw. Muck How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lower Conges. How long 2 days

Immediate Spasms - How long Immed.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician S. S. Davis

Address Room 300

Accident or Suicide

Brumig & Bast
undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jeremiah Munshaure
Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 190*9* Month *10* Day *6* Age *—* Years *7* Months *16* Days *16*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Child* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James B. Munshaure* Father's Birthplace *Pa*

Mother's Maiden Name *Lillie H. of* Mother's Birthplace *Md*

Name of person giving Information *James Munshaure* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Influenza* How long *Seven Weeks*

Immediate *Whooping Cough* How long *3 Weeks*
+ of exhaustion

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. C. Pitnogle M.D.*
Address *Health Officer
Hagerstown Md*

Accident or Suicide

Coffman
Rose Hill

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Eliza P. Kenner
Town Washington County

MARYLAND

Died at Hagerstown

Washington

Date of death 1909 Dec 10

Age 61

Months 3

Days

Sex Female

Color or Race White

Birth-place Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Jonas Kenner

Father's Name Jacob Spielman

Father's Birthplace Md

Mother's Maiden Name Sarah Boward

Mother's Birthplace Md

Name of person giving Information Jonas Kenner

How related to deceased Husband

CAUSES OF DEATH

34

Primary General Tuberculosis

How long 4 Months

Immediate Ext hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

H. H. Den
Hagerstown
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Patterson Rockwell
Died at *Hagerstown Hospital* *Washington*
Town County

MARYLAND

Date of death 1906 Oct 29 Age 19 Months Days

Sex Male Color or Race White Birth place *Muransburg Pa*

Occupation *Laborer* Where Residing if not at place of death *Williamsport Pa*

Married, Single or Widowed *Single* Name of Wife or Husband _____
Father's Name *Thos J. Rockwell* Father's Birthplace *Maryland*

Mother's Maiden Name *Carrie Smclair* Mother's Birthplace _____

Name of person giving Information *Chas E. Rockwell* How related to deceased *Brother*

CAUSES OF DEATH

(108)

Primary *Impacted Tumor* How long *Six days*
Immediate *Operation - Shock from* How long *One hour*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *W. J. Richardson*
Address *Williamsport Pa*

Accident or Suicide *No.*

PHYSICIAN
OR CORONER

Interred in Riverview Cemetery
at Williamsport Md. Oct. 31st 1909.
By J. F. Kreps, Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ann Mary Rohrer* Town *Truys* County *Washington* MARYLAND
Died at
Date of death 1909 *9* / *10* Month *6* Day *63* Age *7* Months *5* Days
Sex *Female* Color or Race *White* Birth-place *Rohrsville*
Occupation *Noun* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Joseph F Rohrer*
Father's Name *John N Stine* Father's Birthplace *Rohrsville*
Mother's Maiden Name *Ammanda Rohrer* Mother's Birthplace *Rohrsville*
Name of person giving Information *Hattie Rohrer* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *10 days*
Immediate *"* How long *"*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C. D. Baker M.D.*
Address
Accident or Suicide

L E Luman & Son

Name
in
Full

Catharine Rohrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

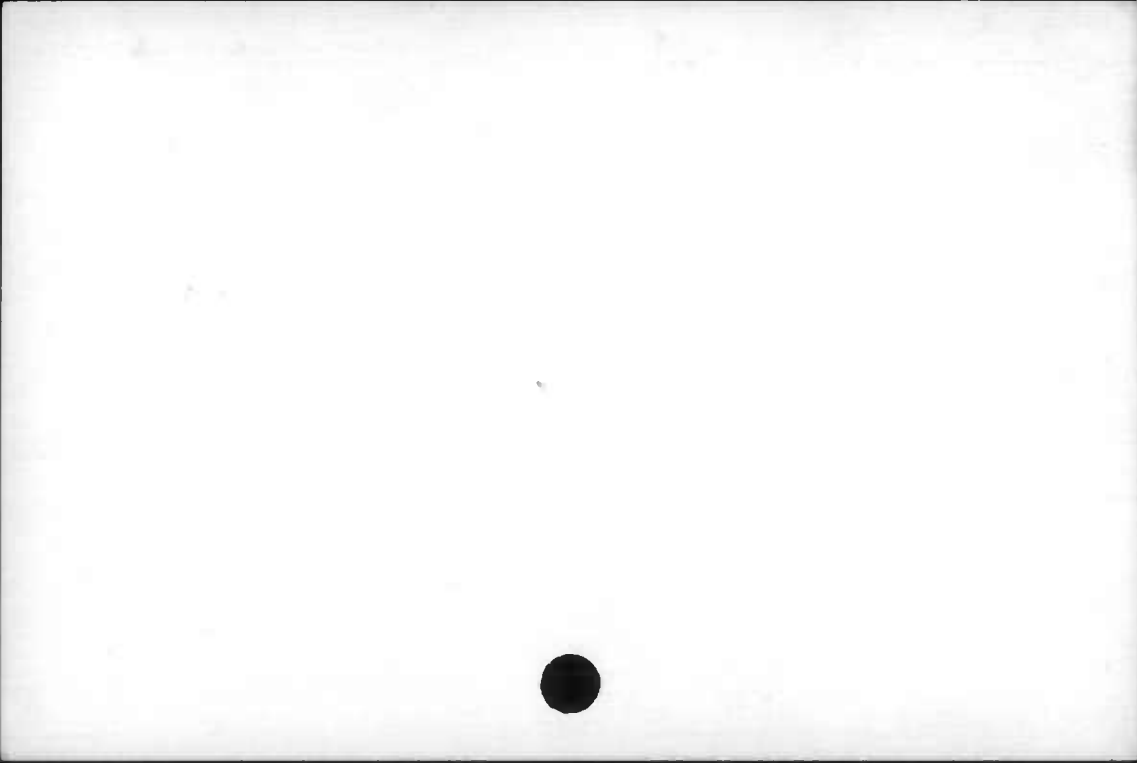
Died at <i>Leitersburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1909	Month	10	Day	8
Age	88	Years	88	Months	11
Sex	Female	Color or Race	White	Birth-place	Leitersburg Md.
Occupation	None.	Where Residing if not at place of death		Leitersburg Md.	
Married, Single or Widowed	Widowed	Name of Wife or Husband		Emanuel. Rohrer.	
Father's Name	Isco. Zeigler			Father's Birthplace	Washington Md.
Mother's Maiden Name	Nancy Seiler			Mother's Birthplace	Shellsburg Pa.
Name of person giving Information	Lillie. Snodderly.			How related to deceased	Sister.

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
General Debility	
Six months	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	J. H. Wishard
	Leitersburg
Address	
Accident or Suicide	



Name
in
Full

George Andrew Sanders

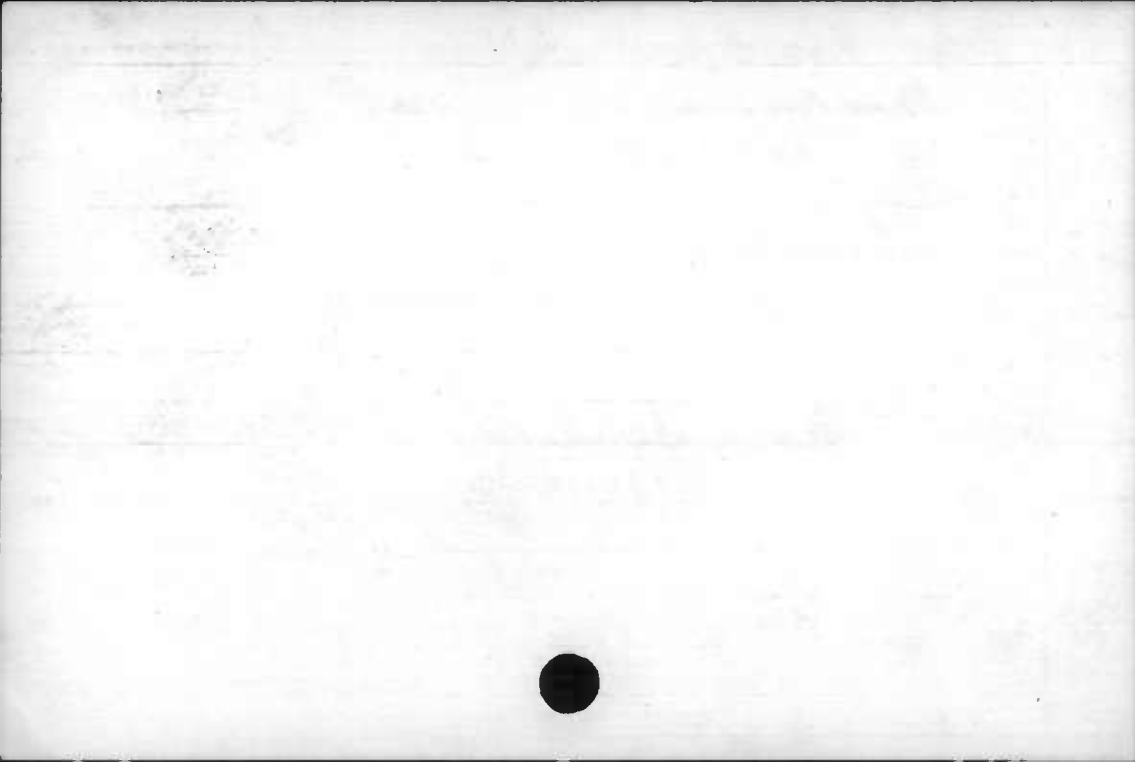
CERTIFICATE OF DEATH

Died at		Town Wilson Dist-		County Wash		MARYLAND	
Date of death		Month 1909 Oct-	Day 21	Age 53	Months 4	Days 12	
Sex Male		Color or Race White		Birth-place Fredrick Co			
Occupation Farmer				Where Residing if not at place of death			
Merriad, Single or Widowed		Name of Wife or Husband Mary Hutzell					
Father's Name John Sanders		Father's Birthplace Ind					
Mother's Maiden Name Sarah Eyler		Mother's Birthplace Ind					
Name of person giving Information Wife				How related to deceased 44 ✓			

CAUSES OF DEATH

Primary	Cancer of face	How long	One year
Immediate	Exhaustion	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Abraham Shank	
Address		Clearspring Washington Co	
Accident or Suicide			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Frederick Schleicher

Town

County

Died at

Near Hagstromtown

Wash.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

10

19

Age

52

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Saloon Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

widower

Name of Wife or
Husband

Christiana Schleicher

Father's
Name

Not Known

Father's
Birthplace

Germany

Mother's
Maiden NameMother's
Birthplace

Germany

Name of person giving
Information

Fred Schleicher

How related
to deceased

son

CAUSES OF DEATH

64

✓

Primary

Arterio-Sclerosis - Atherosclerosis -

How long

One year

Immediate

Exhaustion -

How long

One week -

Are the name, age, sex, color, date
and place correctly given above?

Yn -

Signature of
Physician

J. W. Wark

Address

Hagstromtown -

PHYSICIAN
OR CORONER

Accident or Suicide

C. M. Suter & Son

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert J. Shafer

Town

County

Died at

Boonsboro

Wash.

MARYLAND

Date

1909 Oct.

Month

Day

11

Age

Years

88

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Boonsboro

Occupation

Retired Farmer

Where Residing if not
at place of death

Boonsboro

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Mary E. Shafer

Father's
Name

Jonathan Shafer

Father's
Birthplace

Wash. Co.

Mother's
Maiden Name

Susan Ringer

Mother's
Birthplace

Wash. Co.

Name of person giving
Information

Mrs. Rosa Stoner

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

General Debility -

How long

1 year

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

S. S. Davis

Boonsboro

PHYSICIAN
OR CORONER

Accident or Suicide

Bringing & Back
Undertaken,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George P Sheffer
Died at *Middletown* ^{Town} *Washington* ^{County} *MARYLAND*
Date of death 190 *9* ^{Month} *Oct* ^{Day} *17* Age *64* ^{Years} *5* ^{Months} *11* ^{Days}
Sex *Male* Color or Race *white* Birth-place *Maryland*
Occupation *Merchant* Where Residing if not at place of death _____
Married, ~~Single~~ *Married* Name of Wife or Husband *Amanda Sheffer*
Father's Name *Daniel Sheffer* Father's Birthplace *Ind*
Mother's Maiden Name *Mary Rottzahn* Mother's Birthplace *Ind*
Name of person giving Information *Amanda Sheffer* How related to deceased *wife*

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary *Cancer of bowels*
Immediate *Exhaustion*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. Buckley
Middletown

Accident or Suicide

100%

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John E. Silvers</i>		Town <i>2 Locks.</i>		County <i>Washington</i>		MARYLAND	
Died at <i>2 Locks.</i>		Month <i>10</i>		Day <i>7</i>		Years <i>64</i>	
Date of death <i>1909</i>		Month <i>10</i>		Day <i>7</i>		Months <i>21</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>W. Va.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>2 Locks.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mattie Pearl.</i>					
Father's Name <i>Thomas Silvers.</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Elizabeth A. Jordan.</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information <i>Mrs Silvers</i>		How related to deceased <i>Wife.</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>2 years</i>
Immediate <i>Heart Failure</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Perry</i>
	Address <i>Clearspring Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marie Smith

Died ^{near Hancock} Town

Washington County

MARYLAND

Date of death 1909 Oct

Day 20

Age

Years

Months 9

Days 7

Sex Female

Color or Race

colored

Birth-place

Near Hancock Md

Occupation

Where Residing if not at place of death

Died at Home

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Thomas H. Smith

Father's Birthplace

Wash Co Md

Mother's Maiden Name

Mary Jones

Mother's Birthplace

Tenna

Name of person giving information

Thomas H. Smith

How related to deceased

Father

Dr J. A. Hunt

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Inflammation of Bowels

How long

1 week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

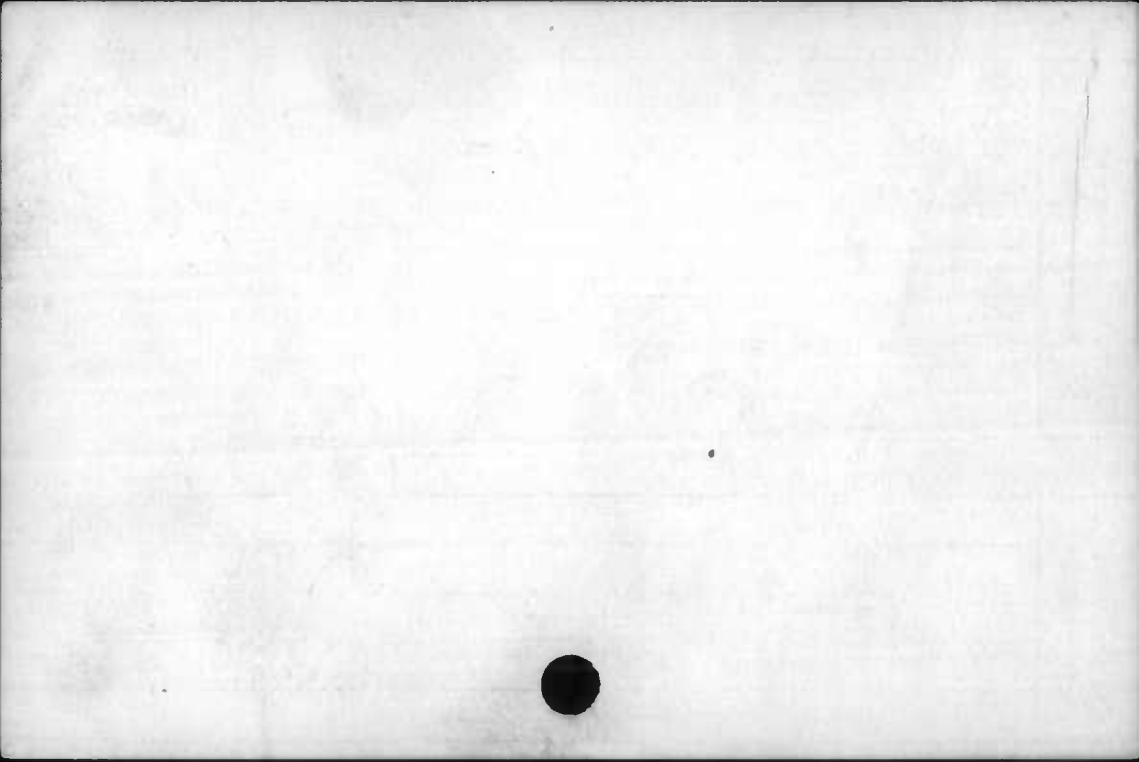
Signature of Physician

Address

J. A. Hunt
Hancock Md

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unnamed Child Starkey
Died at Hagerstown Washington County MARYLAND
Date of death 190 9 Month 10 Day 17 Age - Years - Months - Days -
Sex Female Color or Race White Birth-place Ind
Occupation Child Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband -
Father's Name Archie R. Starkey
Mother's Maiden Name Ela May Jackson
Name of person giving Information Archie Starkey

Father's Birthplace Na
Mother's Birthplace Na
How related to deceased Father

CAUSES OF DEATH

Primary Still born

How long ✓

Immediate ✓

How long ✓

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide no

PHYSICIAN
OR CORONER

M. J. Thompson
Hagerstown Ind

Copperw
Rose Hill

125 17 1/2

A.K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Stauffer

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death 1909

Month

10

Day

8

Age

Years

90

Months

6

Days

1

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Alfred Stauffer

Father's
Name

dont know

Father's
Birthplace

Mother's
Meiden Name

dont know

Mother's
Birthplace

Name of person giving
Information

Wm. H. Stauffer

How related
to deceased

grandson

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm. H. Stauffer
Hagerstown
Md

Accident or Suicide

to

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Watkins

Mass Hill

J. M. Watkins

Name
In
Full

Edyth Straly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Age	Years	Months
1980		Oct.	9th	18		2
Sex	Female	Color or Race	White	Birth-place	md	
Occupation	House work			Where Residing if not at place of death		
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	John Straly			Father's Birthplace		
Mother's Maiden Name	Mattie Browning			Mother's Birthplace		
Name of person giving information	John Straly			How related to deceased		
			Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Obstruction of Bowel	How long	10 days
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		J. P. Perry	
		Address	
		Greenspring Farm	
Accident or Suicide?			

Supplies
Rice NCO

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Edith Viola Straley
McClary Ferry Wash County

MARYLAND

Date

of death

1909 Oct 9

Age

Years

17

Months

3

Days

6

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

At-Home

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John E. Straley

Father's
Birthplace

Ind

Mother's
Maiden Name

Mattie M. Boonung

Mother's
Birthplace

"

Name of person giving
Information

M. M. Straley

How related
to deceased

Mother

CAUSES OF DEATH

108

Primary

Obstruction of Stomach

How long

10 days

Immediate

Sudden Heart Failure

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Yes

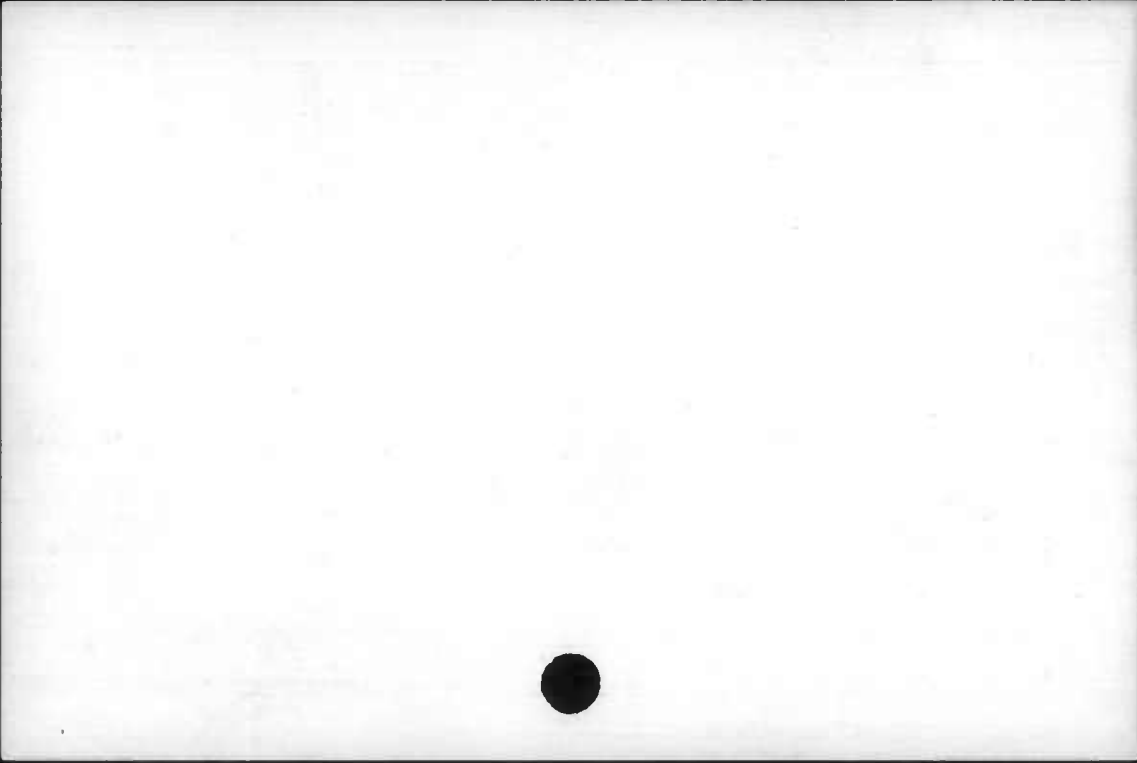
Signature of
Physician

Address

J. P. Perry
Clearspring Ind

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

William P Straley

Town

County

MARYLAND

Died at Hagerstown Washington

Date

of death

1909

Month

10

Day

17

Age

Years

40

Months

6

Days

3

Sex

Male

Color or
Race

white

Birth-
place

Pa

Occupation

Merchant

Where Residing if not
at place of death

Married, ~~Single~~

~~or Widowed~~

Married

Name of Wife or
Husband

Florence Straley

Father's
Name

Nicholas Straley

Father's
Birthplace

Pa

Mother's
Maiden Name

Sarah Wager

Mother's
Birthplace

Pa

Name of person giving
Information

Nicholas Straley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

Immediate

Cardiac failure

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address



J. P. Laughlin
Hagerstown

How long

6 days

How long

4 "

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rose Hill

Hathens

S.M. Watkins.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Deceased *unnamed Child Stouffer*
Died at *Hagerstown* *Washington* *County* *MARYLAND*
Date of death 190 *9* *Oct* *6* *Age* *—* *Months* *—* *Days* *—*
Sex *Male* Color or Race *White* Birth-place *md*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *James L Stouffer* Father's Birthplace *md*
Mother's Maiden Name *Rachael E Sellers* Mother's Birthplace *md*
Name of person giving Information *James Stouffer* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born*

How long *8* *✓*

How long

PHYSICIAN
OR CORONER

Immediate
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. L. Hermann*
Address *Hagerstown md.*

Attendant of Burial

Oppenauer
Row Hill

Mr. Coffman

Name
in
Full

Larry Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} County Washington MARYLAND

Date of death 1909 Oct Month 4 Day Age 00 Years Months 0 Days 14

Sex Male Color or Race Black Birth-place Hagerstown

Occupation _____ Where Residing if not at place of death Hagerstown

Married, Single _____ Name of Wife or Husband _____

Father's Name Ernest Robinson Father's Birthplace unknown

Mother's Maiden Name Edith Taylor Mother's Birthplace Hagerstown, Md

Name of person giving Information Edith Taylor How related to deceased mother

CAUSES OF DEATH

54 ✓

PHYSICIAN
OR CORONER

Primary Lung How long 2 yrs

Immediate Malaria How long 2 yrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. E. Murray MD.

Address Hagerstown Maryland

Accident or Suicide

Byzance
Dunstable Ma

J. K. Coffman

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>WilliamSPORT</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907 Oct 14</i>		Age <i>7</i>		Months <i>7</i> Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>WilliamSPORT</i>	
Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Frank Taylor</i>		Father's Birthplace <i>Doronsville</i>			
Mother's Maiden Name <i>Viola Fox</i>		Mother's Birthplace <i>Beg Spring</i>			
Name of person giving information <i>Frank Taylor</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>		How long since birth <i>_____</i>	
Immediate <i>Want of sufficient vitality</i>		How long since birth <i>_____</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. D. T. Lesher</i>	
		Address <i>WilliamSPORT Md</i>	
Accident or Suicide? <i>Natural</i>			

Excerpt in Riverbank Cemetery

by
J. E. Hicks

reprinted

Williamsport

Pa

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Henry Waggaman* Town *Hogestown* County *Washington* MARYLAND
Died at *Hogestown*
Date of death 1909 Oct 20 Age 39 Months 7 Days 24
Sex *Male* Color or Race *White* Birth-place *Pa*
Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Eva Waggaman*
Father's Name *John Waggaman* Father's Birthplace *Pa*
Mother's Maiden Name *Mary Spangler* Mother's Birthplace *Pa*
Name of person giving Information *Annie Waggaman* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Carcinoma of Stomach* How long *40* *5 months*
Immediate *Hemorrhage of Stomach* How long *36 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORNER

Coffman

new order

A.K. Coffman



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Child of Harry Wallace
Town Hagerstown County Washington

Died at Hagerstown Washington MARYLAND

Date of death 1909 Month 10 Day 24 Age Years Months Days

Sex Male Color or Race White Birth-place Md
Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Harry Wallace

Father's Birthplace Md

Mother's Maiden Name Edith M. Fleet

Mother's Birthplace Pa

Name of person giving Information Harry Wallace

How related to deceased Father

CAUSES OF DEATH

Primary Still Born

How long

Immediate Unknown

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

James W. [Signature]
Hagerstown

PHYSICIAN
OR CORONER

Accident or Suicide

Watkins

Rose Hill

L. M. Watkins

Name
in
Full

David G. Walts.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Wash ^{County} MARYLAND

Date of death 190 9 ^{Month} 10 ^{Day} 29 Age 37 ^{Years} 7 ^{Months} 3 ^{Days}

Sex male Color or Race white Birth-place Penna

Occupation Druggist Where Residing if not at place of death same

Married, Single or Widowed married Name of Wife or Husband Cora J. Walts

Father's Name Charles C. Walts Father's Birthplace Pennal.

Mother's Maiden Name Alice J. Yarnall Mother's Birthplace 11

Name of person giving Information Cora Walts How related to deceased wife

CAUSES OF DEATH

Primary Addicted to morphine How long unknown

Immediate Cerebral hemorrhage How long Five hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Samuel A. Watkins

Address Hagerstown Ind.

PHYSICIAN
OR CORONER

Accident or Suicide

L. M. Suter & Son

Name
in
Full

Still Born Child of L LeRoy Watkins

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death

1909

Month

10

Day

17

Age

Years

Months

Days

Sex
Occupation

Male

Color or
Race

White

Birth-
place

Md

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

L LeRoy Watkins

Father's
Birthplace

Md

Mother's
Maiden Name

Leah Dechrist

Mother's
Birthplace

Md

Name of person giving
Information

L LeRoy Watkins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still born

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

713

Signature of
Physician

Address

J. B. Morrison
Hagerstown Md

Accident or Suicide

710

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David E West

MARYLAND

Died at ^{Town} Hagerstown ^{County} Washington
Date of death 190 ^{Month} Oct ^{Day} 18 Age ^{Years} 34 ^{Months} 2 ^{Days} 8

Sex Male Color or Race White Birth-place Md

Occupation Car Inspector Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Bertie Baker

Father's Name David West Father's Birthplace Md

Mother's Maiden Name Eliza West Mother's Birthplace Md

Name of person giving Information Bertie West How related to deceased Wife

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 27 yrs

Immediate Exhaustion How long 2 mos

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Dr. Westy

Coffman
Sutcliffe

H.K. Coffman

Name
in
Full

Margurite Mildred Wilkerson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hagerstown

Washington

Date

of death

1909 Oct

Month

Day

5

Years

Age

83

Months

6

Days

7

Sex

Female

Color or
Race

Colored

Birth-
place

Hagerstown Md

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mrs. Washington Wilkerson

Father's
Name

Mrs. Annie

Father's
Birthplace

Hagerstown Md

Mother's
Maiden Name

Mrs. Annie

Mother's
Birthplace

Hagerstown Md

Name of person giving
Information

Mary Roberts

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Arterio. sclerosis

How long

Unknown

Immediate

Acites

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

yes,

Signature of
Physician

Address

J. P. Langolin
Hagerstown

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Let your
slippers do the work

A.K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

Mrs. *Mervina Wyand*
Town *Hagerstown* County *Wash.*

MARYLAND

Died at *Hagerstown* Month *Oct* Day *20* Age *67* Months *7* Days *—*

Date of death *1909 Oct 20*

Sex *female*
Occupation *N. W.*

Color or Race *white*

Birth-place *Ind.*

Where Residing if not at place of death *—*

Married, Single or Widowed *widow* Name of ~~Wife~~ *Husband* *Aaron C Wyand.*

Father's Name *John Beck*

Father's Birthplace *Ind.*

Mother's Maiden Name *Harriett*

Mother's Birthplace *Ind.*

Name of person giving Information *O. J. Wyand*

How related to deceased *step-son*

CAUSES OF DEATH

Primary *Rheumatism Kidney & Heart trouble 30+ yrs*
Exhaustion How long *2 days*

Are the name, age, sex, color, data and place correctly given above? *Yn*

Signature of Physician *E. C. Williams*
Address *Hagerstown Ind*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

L.M. Smith and Son

Keedysville.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Helene Zeable*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 1909 *Oct* Month *5* Day *3* Age *3* Years Months Days

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *Child* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Percy Zeable* Father's Birthplace *md*

Mother's Maiden Name *Bessie Routyaker* Mother's Birthplace *md*

Name of person giving Information *Charles Routyaker* How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *acute indigestion*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

How long

104 *4 or 5 hrs*

W.D.M. Allen
Hagerstown md

Accident or Suicide

Coffman
Rose Hill

A.K. Coffman